For Department Use Only

Filed and Accepted by the Department on

## **Affidavit of Affixture of Manufactured Home**

Michigan Department of Labor & Economic Growth Bureau of Construction Codes & Fire Safety Building Division, P.O. Box 30255 Lansing, MI 48909 517/241-9317 Authority 1987 PA 96

Fee: \$45.00 Instructions:

• Complete application and sign before a notary.

• Certificate of Title or Certificate of Origin, if Certificate of Title has not been

issued, must accompany this application.					
Mail completed original application with original signal	gnatures, appropriate				
documentation, and fee to the address above.	anistan of Danda fantha				
An executed original must be recorded with the Resource via legated.	egister of Deeds for the				
county in which the real property is located.					
Owner and Home Information					
Name of Owner					
Address					
Mulicos					
City			Zip Code		
		MICHIGAN			
County		Telephone Nur	mber		
Manufacturer	Madal	)	an of Monte for them		
Manufacturer	Model	Ye	ar of Manufacture		
Manufacturer's Serial Number or Number Assigned	by the Department	l .			
Provide legal description of the real property to which	ch the mobile home is affixed				
I have enclosed the following documentation \	with this application.				
☐ Certificate of Title ☐ Certificate of					
I certify the mobile home is affixed to the real	property described above.				
Signature of Owner		Date			
~					

My Commission expires on \_\_\_\_\_

Subscribed and sworn before me, this \_\_\_\_\_\_ day of \_\_\_\_\_\_, \_\_\_\_.

A Notary Public in and for \_\_\_\_\_\_ County, Michigan.

BCCFS-961 (4/04) Front

(Signature of Notary Public)

Secured Parties					
1st Secured Party					
Street Address					
City		State	Zip Code		
I hereby give consent to the termination of the s	security interes	t and the cancellation	of the Certificate of Title.		
Signature of Authorized Representative		- — — — — — -	Date		
2nd Secured Party			1		
Street Address					
City		State	Zip Code		
I hereby give consent to the termination of the s	security interes	st and the cancellation	of the Certificate of Title.		
Signature of Authorized Representative			Date		
DRAFTED BY:					
Name					
Address					
City		State	Zip Code		
The Department of Labor & Economic Growth will not discriminate against any individ f you need help with reading, writing, hearing, etc., under the Americans with Disabilit					

BCCFS-961 (4/04) (Back)